

739

128

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index <u>128</u>	
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>122</u>	
Town of _____		Local Registrar's No. _____	
or _____			
City of <u>Globe</u>	(No. _____ St; _____ Ward)		
FULL NAME OF CHILD <u>Mayoria May Miller</u>		Born <u>YES</u>	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive <u>NO</u>	
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
		Legitimate? <u>yes</u>	Date of Birth <u>7 29 1914</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Arthur L. Miller</u>	Full Maiden Name <u>Laura E. Knapp</u>		
Residence <u>East Globe</u>	Residence <u>East Globe</u>		
Color or Race <u>W.</u>	Age at last Birthday <u>34</u>	Color or Race <u>W</u>	Age at last Birthday <u>25</u>
	(Years)		(Years)
Birthplace <u>Canada</u>	Birthplace <u>W. W. Kansas</u>		
Occupation <u>Life Insurance Agent</u>	Occupation <u>W. W.</u>		
Number of child of this mother <u>2</u>	Number of children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 7/29 1914, at 6:30 M.

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) B. E. Weyburn
(Attending physician, midwife, householder. *)

Given or christian name added from a 449-729-323 Address Globe Ariz

supplemental report Aug 5 1914

Filed July 31 1914 B. E. Scott LOCAL REGISTRAR.

B. E. Scott COUNTY REGISTRAR. Filed Aug 1 1914 A True Copy B. E. Scott COUNTY REGISTRAR.